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State of Colorado
Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry Information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

RECEIVED
OCT 18 2010
COGCC

1. OGCC Operator Number : 100185	4. Contact Name : RUTHANN MORSS	Complete the Attachment Checklist OP OGCC
2. Name Of Operator : EnCana Oil & Gas (USA) Inc.	Phone : 720-876-5060	
3. Address : 370 17th Street, Suite 1700	Fax : 720-876-6060	
City : Denver State : CO Zip : 80202		
5. API Number : 05045081890000	OGCC Facility ID Number 17-12A	Survey Plat <input type="checkbox"/>
6. Well/Facility Name : Couey 17-12A	7. Well/Facility Number : 17-12A	Directional Survey <input type="checkbox"/>
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : SESW Sec 17 T7S - R92W 6th PM		Surface Eqpm Diagram <input type="checkbox"/>
9. County : GARFIELD	10. Field Name : Mamm Creek	Technical Info Page <input type="checkbox"/>
11. Federal, Indian or State Lease Number :		Other <input type="checkbox"/>

General Notice

☐ **CHANGE OF LOCATION: Attach New Survey Plat** (a change of surface qtr/qtr is substantive and requires a new permit)
FNL/FSL FEL/FWL

Change of **Surface** Footage from Exterior Section Lines:
Change of **Surface** Footage to Exterior Section Lines:
Change of **Bottomhole** Footage from Exterior Section Lines:
Change of **Bottomhole** Footage to Exterior Section Lines:
Bottom hole location Qtr/Qtr, Sec, Twp, Rng, Mer
Latitude Distance to nearest property line Distance to nearest bldg, public rd, utility or RR
Longitude Distance to nearest lease line Is location in a High Density Area (Rule 603b)? Yes/No
Ground Elevation Distance to nearest well same formation Surface owner consultation date:

attach directional survey

GPS DATA:
Date of Measurement PDOP Reading Instrument Operator's Name

☐ **CHANGE SPACING UNIT**
Formation Formation Code Spacing order number Unit Acreage Unit configuration
☐ **Remove from surface bond**
Signed surface use agreement attached

☐ **CHANGE OF OPERATOR (prior to drilling):**
Effective Date :
Plugging Bond : ☐ Blanket ☐ Individual

☐ **CHANGE WELL NAME** **NUMBER**
From :
To :
Effective Date :

☐ **ABANDONED LOCATION:**
Was location ever built? ☐ Yes ☐ No
Is site ready for inspection? ☐ Yes ☐ No
Date Ready for Inspection:

☐ **NOTICE OF CONTINUED SHUT IN STATUS**
Date well shut in or temporarily abandoned:
Has Production Equipment been removed from site? ☐ Yes ☐ No
MIT required if shut in longer than two years. Date of Last MIT

☐ **SPUD DATE :** ☐ **REQUEST FOR CONFIDENTIAL STATUS:** (6 mos from date casing set)

☐ **SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK** *submit cbl and cement job summaries
Method used Cementing tool setting/perf depth Cement volume Cement top Cement bottom Date

☐ **RECLAMATION:** Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately ☐ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

☒ Notice of Intent ☐ Report of Work Done
Approximate Start Date : on approval Date Work Completed :

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent To Recomplete (submit form 2)	<input checked="" type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans for spills and Releases
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other : INDEFINITE VENT (BRADENHEAD)	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Ruthann Morss Date: 10/13/2010

Email: ruthann.morss@encana.com

Print Name: RUTHANN MORSS

Title: REGULATORY ANALYST

COGCC Approved: David And Title: PE II Date: 3/16/2011
CONDITIONS OF APPROVAL, IF ANY: